

South Carolina Choice

Waiver Number: 0405-IP
Waiver Type: 1915(c) – Independence Plus
Effective Date: March 22, 2003

Target Population: Aged 65 and older/Disabled 21 and over
Level of Care: Nursing Facility

Waiver Services:

This program will allow all participants the option of how best to plan, obtain and sustain community-based services, placing control in the hands of the people using the services. South Carolina Choice will offer personal care, personal assistance, care advice, adult day health, respite services, environmental accessibility adaptations and appliances, specialized medical equipment and supplies, personal emergency response systems, adult day health care nursing and home delivered meals to participating individuals.

Geographic Limitations: South Carolina will only offer this waiver program to individuals in Spartanburg, Cherokee, and Union Counties.

Cost Neutrality Estimates:

Year 1: \$5014.56
Year 2: \$5265.25
Year 3: \$5529.88

Number of People Served:

Year 1: 300
Year 2: 600
Year 3: 900

Waiver Operating Agency:

The Community Long Term Care Unit of the State Medicaid Agency will operate the waiver.

Supports Brokerage:

Supports Brokerage is called Care Advice in South Carolina. The providers are registered nurses, or can have a Bachelor's degree in social services with two years of related experience. They

- Counsel, facilitate and assist the consumer in creating a plan of care, a consumer plan of spending, an emergency back-up plan in consumer directed care and principles;
- Educate and inform the consumer about how to access services and goods;
- Offer practical skills training such as how to manage a budget, hire and fire workers, etc, to enable to a consumer to remain independent.
- Assist with completion of necessary paperwork;
- Assure the consumer's rights and safety are protected.

- The R.N. care advisors also provide training to include instructions about the participant's care. If care advisor is not a nurse, this function is contracted.

Financial Management Services:

FMS is administratively funded. The provider is GovConnect. They also provide the MMIS services in SC to the Medicaid Agency. They are paid separately for the activities.

- Assist individual or family to manage and distribute funds contained in the individual budget which includes but not limited to the facilitation of the employment and payment of service workers by the consumer and/or his or her family;
- Fiscal accounting and expenditure reports;
- Tax and federal employment forms.

Person Centered Planning:

The goal of SC Choice is to:

- Increase participant's control, empowerment, and independence;
- Increase participant's satisfaction and quality of life;
- Provide greater flexibility in service delivery by making available a broader range of service options and services tailored to the participant's needs and preferences; and
- Decrease administrative expense and bureaucracy.

The Care advisory conducts a comprehensive, multi dimensional assessment to assist in identifying supports and services that individuals need to live as independently as possible in the least restrictive environment. The individual actively participates in the definition of his or her needs through the assessment.

Consumer-directed care planning is a process directed by the individual with long term care needs or the family, intended to identify the strengths, capacities, preferences, needs and desired outcomes of the individual. The process includes the participants' freely chosen by the individual or family, who are important contributors.

- The individual identifies planning goals to achieve these personal outcomes in collaboration with those the person identifies, including medical and professional staff.
- The identified personally defined outcomes and the training, supports, therapies, treatments, and or other services the individual is to receive to achieve those outcomes become a part of the plan of care.
- Participants are able to hire and fire their workers.
- Participants direct their own personal care based on the monthly individual budget.
- Only individuals who are able to understand the risks, rights and responsibilities of directing their own care with a budget, or who can appoint a representative for this responsibility, can participate in this waiver.

Individual Budget:

Participants have a six-month budget to purchase items or services.

- Funds are made available and managed at the beginning of the six-month period. Funds not spent will not be allowed to carry over, unless there are emergencies.
- The participant will have flexibility to substitute services within the budget that are consistent with his or her plan of care with prior approval from the Care Advisor. Decisions will be based on the cost effectiveness of the purchase, versus the cost of providing personal assistance services, as well as ensuring that the participants' health and safety is not jeopardized.
- Funds may be used to purchase devices, controls, or appliances that enable the individual to increase his or her abilities to perform activities of daily living.

Quality:

The State has a comprehensive quality assurance system. A team approach is used to assure continuous quality management. The team includes the State Medicaid Agency, the Financial Management Services, the Care Advisor, and the Consumer and his/her representative.

- Criminal Background Checks:
 - Upon individual or family request, the State makes available at no cost, provider qualification checks, including criminal background checks.
 - DHHS will ensure that participant and family requests for qualification checks of providers will be made available at no cost.
- Emergency Back-Up
 - The Care Advisor establishes an individual emergency back-up plan with the participant during the assessment and plan of care process.
 - The Medicaid Agency is responsible for providing information to the participant about rights and complaint processes.
 - The back-up plan may identify other service providers, informal caregivers, or a service provider agency from which hours pay be purchased.
 - During monthly monitoring visits the Care Advisory will ask about implementation of the individual back-up plan.
 - Care Call is an electronic monitoring system that provides secured web based information in real time to assure the provision of in-home services for waiver participants. This enhances the state's ability to monitor service provision while also providing the amount remaining in the individual budgets and a service history showing services received for any period of time.
 - The Adult Protective Services Program is used in emergency back-up situations.
- Comprehensive Incident Management
 - Complaints and critical incidents are investigated by the Long Term Care Ombudsman or the Department of Social Services Adult Protective Services Program. Findings of the State Ombudsman and Adult Protective Services investigations are forwarded to the Area Administrator, a DHHS employee, for review and necessary action.

- The Area Administrator supervises the work of the Care Advisor and assures appropriate personnel have training in abuse, neglect and mistreatment and exploitation.
- The Area Administrator reviews incident data monthly to identify patterns or problems and make recommendations for changes to improve quality.
- As part of a Real Choice Grant, the University of SC School of Public Health also conducts an external evaluation of the waiver program.
- Project and waiver management staff review quarterly results of internal and external evaluations in order to implement changes and improvements into the waiver process and procedures.